

FEE TRANSMITTAL

JAN 08 2007

Complete if Known

Application Number	10/807,418
Filing Date	March 23, 2004
First Named Inventor	Ryszard Szczepanik et al.
Examiner Name	2858
Applicant Claims small entity status. See 37 CFR 1.27	Art Unit
TOTAL AMOUNT FOR PAYMENT	(\$ 620)
	Attorney Docket Number

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT FOR PAYMENT (\$ 620) Attorney Docket Number I272.12-0003

METHOD OF PAYMENT (Check all that apply)

Check Credit Card Money Order None Other (Please Identify): _____

Deposit Account - Deposit Account Number: 23-1123 Deposit Account Name: Westman, Champlin and Kelly

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity		Small Entity		Small Entity		
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity
Fee (\$)

Fee (\$)

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200	100
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Multiple dependent claims

360 180

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)	Fee Paid (\$)
20	0

- 20 or HP = 0 x 25 = 0

Fee (\$)

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)	Fee Paid (\$)
3	0

- 3 or HP = 0 x 100 = 0

Fee (\$)

Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
0	- 100 = 0	/ 50 = 0 (round up to a whole number) x	125	= 0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Request for continued examination (RCE) and Extension for response within second month

620

SUBMITTED BY

Signature

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Name (Print/Type)

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Date: Jan 5, 2007